



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

03 JUN -2 PM 4: 58

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Cherry's Consignment Home-furnishings

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Joe A Palmer</u>	<u>1524 Meridian Rd</u>
<u>Leslie A Palmer</u>	<u>1524 Meridian Rd, Meridian</u>
	<u>ID 83642</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Cherry's Consignment Home
1524 Meridian Rd
Meridian, ID 83642

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:
25.00

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-888-2747

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\labn form\labn.p65
Revised 09/2002

IDAHO SECRETARY OF STATE
06/03/2003 05:00
CK: CASH CT: 150010 BN: 603859
1 @ 25.00 = 25.00 ASSUM NAME # 2

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